

**ORIGINAL**

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA, )  
                                )  
Plaintiff,                 ) Civil Action No. 1:00-CV-1552  
                                )  
v.                            ) **WRIT OF EXECUTION**  
                                )  
LORETTA M. HASTICK,        )  
JAMES G. HASTICK,            )  
JESSICA J. HASTICK,        )  
                                )  
Defendants.                )

TO THE UNITED STATES MARSHAL:

On February 26, 2001, a judgment was entered in the United States District Court for the Middle District of Pennsylvania, in favor of the United States of America, plaintiff, and against the defendants, LORETTA M. HASTICK, JAMES G. HASTICK and JESSICA J. HASTICK, in the sum of \$240,939.77.

Since entry of judgment, credits have been applied for a current debt balance of \$229,075.39.

NOW, THEREFORE, YOU ARE HEREBY COMMANDED to satisfy the judgment by levying on and selling all property in which defendants have a substantial nonexempt interest, and by executing upon the property described below:

Property located at 114 Independence Drive, Milford, PA, more specifically known as Lot 1A, Keystone Park, as reference to in Deed Book 1245, Page 283 in the Township of Milford, County of Pike, State of Pennsylvania, owned by Loretta M. Hastick, James G. Hastick and Jessica J. Hastick, and referenced hereto in Exhibit A attached hereto and made a part hereof.

YOU ARE ALSO COMMANDED to collect interest thereon from the date hereof with your costs and expenses and make return of this writ within ninety (90) days after the date of issuance if levy is not made, or, within ten (10) days after the date of sale of property on which levy is made.

*gver*

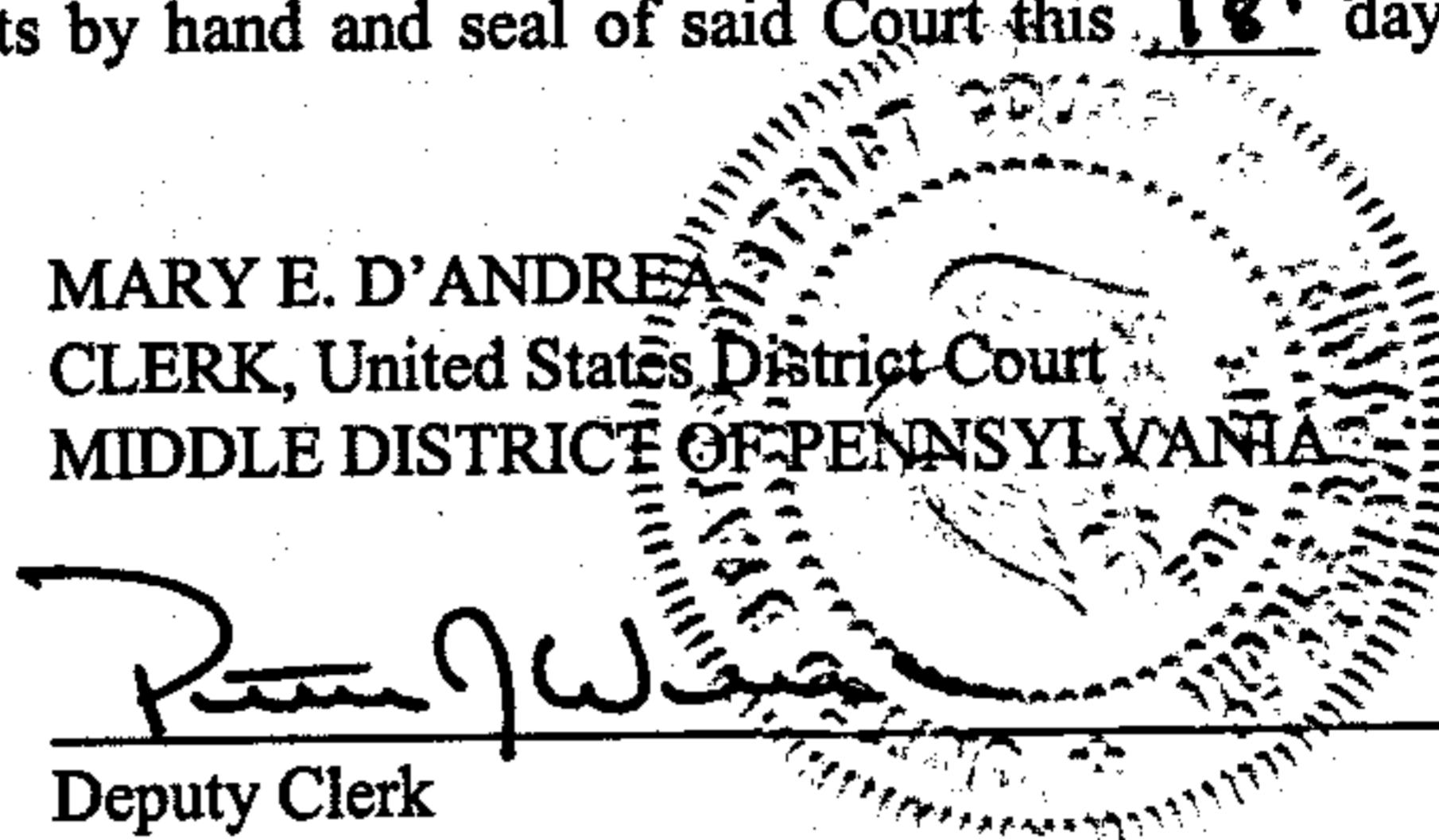
YOU ARE FURTHER COMMANDED that the levy and sale shall not exceed property reasonably equivalent in value to the aggregate amount of the judgment, penalties and interest.

WITNESS the Honorable Mary E. D'Andrea, Clerk of the United States District Court for the Middle District of Pennsylvania, attests by hand and seal of said Court this 18<sup>th</sup> day of September, 2002.

MARY E. D'ANDREA  
CLERK, United States District Court  
MIDDLE DISTRICT OF PENNSYLVANIA

By: 

Deputy Clerk



4/3/03 Writ returned unexecuted, per instructions from the U.S. Attorney's office  
(NDNY).

  
DONALD HEEMER  
CHIEF DEPUTY

FILED  
SCRANTON

APR - 4 2003

PER   
DEPUTY CLERK

**U.S. Department of Justice  
United States Marshals Service**

**PROCESS RECEIPT AND RETURN**

*See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.*

PLAINTIFF	UNITED STATES OF AMERICA	COURT CASE NUMBER	1:CV-00-1552
DEFENDANT	LORETTA M. HASTICK, ET AL	TYPE OF PROCESS	WRIT OF EXECUTION

SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT	JAMES G. HASTICK 114 INDEPENDENCE DRIVE, MILFORD, PA 18337

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285
U.S. ATTORNEY P.O. BOX 309 SCRANTON, PA 18501	Number of parties to be served in this case
SSN: 138-72-2315	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE <i>(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service)</i>	
SSN: 138-72-2315	DOB: 7/30/76

Signature of Attorney or other Originator requesting service on behalf of:	PLAINTIFF	TELEPHONE NUMBER	DATE
CARROLL A. TERRUSO, PS	<input checked="" type="checkbox"/>	570-348-2800	10/24/02

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	No. 67	No. 67		<i>Q. Lavelle</i>	2/6/03

I hereby certify and return that I  have personally served,  have legal evidence of service;  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown in the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in the defendant's usual place of abode.
<i>Jessica Hastick - SISTER</i>	
Address (complete only if different than shown above)	Date of Service Time 2/11/03 11:00 am
	pm
Signature of U.S. Marshal or Deputy <i>Brian W. Kunkel</i>	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
<i>45.00</i>	<i>\$22.96</i>		<i>45.00</i>			

REMARKS:

*2/11/03 : 1 DUSM, (9:30 - 12:30), 104 miles Rdrp.*

**U.S. Department of Justice  
United States Marshals Service**

**PROCESS RECEIPT AND RETURN**

*See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.*

PLAINTIFF	UNITED STATES OF AMERICA	COURT CASE NUMBER	1:CV-00-1552
DEFENDANT	LORETTA M. HASTICK, ET AL	TYPE OF PROCESS	WRIT OF EXECUTION

SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN JESSICA J. HASTICK
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 114 INDEPENDENCE DRIVE, MILFORD, PA 18337

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form
CARROLL A. TERRUSO, PS UNITED STATES ATTORNEY P.O. BOX 309 SCRANTON, PA 18501	1
	Number of parties to be served in this case
	Check for service on U.S.A.

**SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):**

Fold  
SSN: 138-72-1039  
DOB: 8/24/79

Signature of Attorney or other Originator requesting service below	PLAINTIFF	TELEPHONE NUMBER	DATE
CARROLL A. TERRUSO, PS	DEFENDANT	570-348-2800	10/24/02

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. 67	No. 67	<i>Q. Lavelle</i>	<i>2/6/03</i>

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
--	---

Address (complete only if different than shown above)	Date of Service	Time
	<i>2/11/03</i>	<i>11:00</i>
	pm	
	Signature of U.S. Marshal or Deputy	
	<i>Brian W. Kornell</i>	

Service Fee <i>45.00</i>	Total Mileage Charges (including endeavors) <i>103.2186</i>	Forwarding Fee <i>440.00</i>	Total Charges <i>1474.00</i>	Advance Deposits <i>1474.00</i>	Amount owed to U.S. Marshal or Deputy <i>0.00</i>	Amount of Refund <i>0.00</i>
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REMARKS:

*2/11/03 : 1 Dusm, (9:30 - 12:30), 104 miles Rtrp.*

*Ronald S. Loeffler*  
U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

*See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.*

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		COURT CASE NUMBER <b>1:CV-00-1552</b>					
DEFENDANT <b>LORETTA M. HASTICK, ET AL</b>		TYPE OF PROCESS <b>WRIT OF EXECUTION</b>					
<b>SERVE</b> <b>AT</b>		<b>NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN</b> <b>LORETTA M. HASTICK</b> <b>ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)</b> <b>114 INDEPENDENCE DRIVE, MILFORD, PA 18337</b>					
<b>SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:</b>		<input checked="" type="checkbox"/> <b>Number of process to be served with this Form</b> <b>285</b> <input checked="" type="checkbox"/> <b>Number of parties to be served in this case</b> <b>3</b> <input checked="" type="checkbox"/> <b>Check for service on U.S.A.</b>					
<b>SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE</b> <i>(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):</i> <b>Fold</b> <b>SSN:</b> <b>063-44-4138</b> <b>DOB:</b> <b>2/18/51</b> <b>Carroll A. Terruso, PS</b> <b>18501</b> <b>Scranton, PA</b> <b>18501</b> <b>Telephone:</b> <b>570-348-2800</b> <b>Office:</b> <b>570-348-2800</b> <b>Home:</b> <b>570-348-2800</b> <b>Mobile:</b> <b>570-348-2800</b> <b>Fax:</b> <b>570-348-2800</b> <b>E-mail:</b> <b>carroll.terruso@usdoj.gov</b>		<b>DATE</b> <b>10/24/02</b>					
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE</b>							
I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>		Total Process <b>185</b> District of Origin <b>No. 67</b>	District to Serve <b>No. 67</b>	Signature of Authorized USMS Deputy or Clerk <i>Q. Lavelle</i>		Date <b>2/4/03</b>	
I hereby certify and return that <input checked="" type="checkbox"/> I have personally served, <input type="checkbox"/> I have legal evidence of service, <input type="checkbox"/> I have executed as shown in "Remarks" the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.							
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)							
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.			
Address (complete only if different than shown above)				Date of Service <b>2/11/03</b>	Time <b>11:00</b>	<b>am</b> <b>pm</b>	
Signature of U.S. Marshal or Deputy <i>Brian W. Kaelin</i>							
Service Fee <b>\$5.00</b> <b>\$135.00</b>	Total Mileage Charges (including endeavors) <b># 600.00</b>	Forwarding Fee <b>\$1.00</b>	Total Charges <b>\$175.00</b> <b># 606.00</b>	Advance Deposits <b>\$0.00</b>	Amount owed to U.S. Marshal or <b>\$0.00</b>		Amount of Refund <b>\$0.00</b>
REMARKS: <b>2/11/03: 1 Durm (9:30 - 12:30), 104 miles Rdip.</b>							

**U.S. Department of Justice  
United States Marshals Service**

**PROCESS RECEIPT AND RETURN**

*See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.*

PLAINTIFF	UNITED STATES OF AMERICA	COURT CASE NUMBER	1:CV-00-1552
DEFENDANT	LORETTA M. HASTICK, ET AL	TYPE OF PROCESS	POST PROPERTY

SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>POST PROPERTY:</b>
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>114 INDEPENDENCE DRIVE, MILFORD, PA 18337</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form + 285 (if more than one)
<b>CARROLL A. TERRUSO, PS U.S. ATTORNEY P.O. BOX 309 SCRANTON, PA 18501</b>	1
	Number of parties to be served in this case
	Check for service on U.S.A. (initials) (if not on U.S.A.)

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE. (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):	
<i>Please Post on or before 3-4-03</i>	

Signature of Attorney or other Originator requesting service on behalf of:	PLAINTIFF	TELEPHONE NUMBER	DATE
<i>Carroll A. Terruso</i>	<input checked="" type="checkbox"/>	570-348-2800	10/24/02
CARROLL A. TERRUSO, PS		DEFENDANT	

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process	District or State of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk (initials)	Date
		No. 67	No. 67	<i>O. Lavelle</i>	<i>2/4/03</i>

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks" the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in the defendant's usual place of abode.
--	--

Address (complete only if different than shown above)	Date of Service	Time
	<i>2/11/03</i>	<i>10:50</i>
	pm	
	Signature of U.S. Marshal or Deputy	
	<i>Brian W. Kunkel</i>	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or Clerk	Amount of Refund
\$135.00	\$39.42		\$174.42			

REMARKS:

*2/11/03: 1 DUSM, (9:30 - 12:30), 108 miles RTB.*

**U.S. Department of Justice  
United States Marshals Service**

**PROCESS RECEIPT AND RETURN**

*See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.*

**PLAINTIFF**

*U.S. A.*

**DEFENDANT**

*Hastick*

**SERVE**



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**AT**

*Pike County Dispatch, Inc.  
P.O. Box 186, Milford, PA 18337*

**SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:**

<input type="checkbox"/>	Number of process to be served with this Form - 285
<input type="checkbox"/>	Number of parties to be served in this case
<input type="checkbox"/>	Check for service on U.S.A.

<input type="checkbox"/>	Number of process to be served with this Form - 285
<input type="checkbox"/>	Number of parties to be served in this case
<input type="checkbox"/>	Check for service on U.S.A.

**SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Fold**

*(Telephone Numbers, and Estimated Times Available For Service):*

*(Fold)*

**Signature of Attorney or other Originator requesting service on behalf of:**

PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER

DATE

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.  
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process      District of Origin  
No. *67*      District to Serve  
No. *67*

Signature of Authorized USMS Deputy or Clerk

Date *3/13/03*

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service *3/27/03* Time *am*  
*pm*

Signature of U.S. Marshal or Deputy

*A. Lavelle*

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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**REMARKS:**

*Adv. dates 3-13, 3-20 & 3-27-03  
\$ 640.50*

**U.S. Department of Justice  
United States Marshals Service**

**PROCESS RECEIPT AND RETURN**  
*See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.*

PLAINTIFF

*U. S. A.*

COURT CASE NUMBER

*CV-00-1552*

DEFENDANT

*Hastie*

TYPE OF PROCESS

*Leenholder Notice*

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN



ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

 Number of process to be served with this Form - 285

 Number of parties to be served in this case

 Check for service on U.S.A.

**SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):**

Fold

Signature of Attorney or other Originator requesting service on behalf of:

 PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER

DATE

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.  
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time
<i>3/6/03</i>	am

Signature of U.S. Marshal or Deputy

*A. J. Farrell*

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
<i>8.00</i>			<i>48.00</i>			

REMARKS:

*6 Leenholder Notified*

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <i>L. Hastick</i></p> <p>B. Received by (Printed Name) <i>J. Hastick</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>Loretta M. Hastick 114 Independence Dr. Melford, PA 18337</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail   <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered   <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail   <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <i>Cindy Gehris</i></p> <p>B. Received by (Printed Name) <i>Cindy Gehris</i></p> <p>C. Date of Delivery <i>3/7/03</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>Pike County Tax Claim Bureau Courthouse 506 Broad St. Melford, PA 18337</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail   <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered   <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail   <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <i>J. H.</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>3/10/03</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>Option One Mort. Corp 3 Ada Irvine CA 92618</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail   <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered   <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail   <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

2. Article Number  
*7002 2410 0003 3814 8188*

PS Form 3811, August 2001      11111 Domestic Return Receipt

CV-00-1552

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Meaford Township  
Municipal Authority  
Municipal Bldg.  
Melford, PA 18337

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

- Agent  
 Addressee

**B. Received by (Printed Name)**C. Date of Delivery  
3/8/03D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No**3. Service Type**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered                | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                         |

4. Restricted Delivery? (Extra Fee)  Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James J. Hastick  
114 Independence Dr.  
Melford, PA 18337

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

- Agent  
 Addressee

**B. Received by (Printed Name)**

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No**3. Service Type**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered                | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                         |

4. Restricted Delivery? (Extra Fee)  Yes

Article Number

CV-00-1552

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jessica J. Hastick  
114 Independence Dr.  
Melford, PA 18337

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

- Agent  
 Addressee

**B. Received by (Printed Name)**

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No**3. Service Type**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered                | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                         |

4. Restricted Delivery? (Extra Fee)  Yes

700212410 0003 9814 8218 CV-00-1552

U.S. Department of Justice  
United States Marshals Service

NOTICE OF U.S. MARSHAL'S SALE  
(Real Estate)

United States of America }  
Middle District of Pennsylvania } ss:

Public notice is hereby given, that by virtue of a writ of execution (or *Fieri Facias*), dated September 18, A.D. XX2002, issued out of the District Court, of the United States for the Middle District of Pennsylvania on a judgment rendered in said Court, on the 26th day of February, A.D. XX2001, in favor of United States of America and against Loretta M. Hastick, James G. Hastick and Jessica J. Hastick I have, on this 4th day of March, A.D. XX2003, levied upon the following described real estate, situated in the County/Parish of Pike and State of Pennsylvania, to wit: See attached description

I will, accordingly, offer said real estate for sale, at public auction to the highest and best bidder, for cash (or certified check), on the 10th day of April, A.D. XX2003, at 10:00 o'clock A.M., at 114 Independence Drive, Milford, PA 18337

subject to the following terms and conditions: Ten percent down at the time of sale; balance due within 60 days. Failure to tender the balance of the purchase price in a timely fashion will result in the forfeiture of the deposit. Purchaser is responsible for any and all stamps and transfer taxes required by any taxing authority. Sale will be held on the premises described in the attached property description. Notice to all parties in interest and claimants. A Schedule of Distribution of Sale will be filed by the U.S. Marshal with the Clerk of Court, Scranton, PA by April 24, 2003. Any exception or claims to said distribution must be filed within ten days thereafter.

Dated, Scranton, Pennsylvania, January 8, A.D. XX2003  
(Day) (Month) (Date)

  
DONALD HEMMER, CHIEF U.S. Marshal.  
DEPUTY

Plaintiff's Attorney.

MIDDLE DISTRICT OF PENNSYLVANIA

By Deputy.

JUN. 14. 1996 - 11:34AM PIKE COUNTY COM.

NO. 482 P. 2

SURVIVORSHIP DEED

THESE INVENTHRE made this 1<sup>st</sup>/2 day of  
August in the year of Our Lord, One Thousand Nine  
Hundred and Ninety-Six (1996)

BETWEEN:

NICK ROTOLI and MARYANN ROTOLI, his Wife  
of 135 Autumn Oak Lane, Manahawkin, New Jersey 08050

Party of the First Part,

GRANTORS

and

LORRETTA K. EASTIK,  
JAMES G. EASTIK, her Son and  
JESSICA J. EASTIK, her Daughter  
of 5 Eagle Court, Howell, New Jersey 07731

AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP

Party of the Second Part

GRANTEEES

RECODER/REGISTER  
06 AUG 29 1996  
PIKE COUNTY, PA

WITNESSETH that the said Grantors, for and in  
consideration of the sum of ONE HUNDRED and THIRTY THOUSAND  
DOLLARS and 00/100 (\$130,000.00) lawful money of the United  
States of America, unto Grantees well and truly paid by the  
said Grantees, at or before the sealing and delivery of these  
presents, the receipt whereof is hereby acknowledged, have  
granted, bargained, sold, aliened, enfeoffed, released and  
confirmed, and by these presents do grant, bargain, sell,  
alien, enfeoff, release and confirm unto the said Grantees, and  
the survivor of them and the heirs and assigns of such  
survivor,

ALL THAT CERTAIN PIECE or parcel of land, lying and  
being in the Township of Milford, County of Pike, and  
Commonwealth of Pennsylvania, being designated as Lot 14 of the  
Emil Moglia Subdivision on a map recorded in the Office of the  
Recorder of Deeds of Pike County at Plat Book 6, page 206. As  
surveyed by Victor E. Orben, R.S., November 14, 1973. DWG. No.  
N-73-123.

0008630

BK1245PG283



BEING the same premises which ANTHONY T. TRUNZO, Sr. and JUDY TRUNZO, his Wife, by certain Deed dated January 30, 1984 and recorded in the Office of the Recorder of Deeds in and for Pike County, Pennsylvania, in Deed Book Volume 918 at page 219, granted and conveyed unto NICK ROTOLI and MARYANN ROTOLI, his Wife, the Grantors herein.

TOGETHER WITH, unto the Grantee herein, his heirs and assigns, in common however with the Grantor herein, his heirs and assigns, the right to use the private road extending from 6 and 209 to the premises herein conveyed for the purposes of ingress, egress and regress, as the same is set forth on the map hereinbefore mentioned.

TOGETHER WITH unto the Grantees, their heirs and assigns all of the rights, rights-of-way and privileges and Under and Subject to all conditions, covenants, restrictions and reservations as set forth in the chain of title. Reference may be had to said deeds or the records thereof for any and all purposes in connection with this conveyance with the same force and effect as if the same were more fully and at large set forth herein.

TOGETHER WITH all and singular land, improvements, ways, streets, driveways, alleys, passages, waters, water courses, liberties, privileges, rights, hereditaments and appurtenances whatsoever thereunto belonging, or in any wise appertaining, and the reversions and remainders, rents, issues and profits thereof; and all the estate, right, title, interest, property claim and demand whatsoever of the said Grantors in law, equity, or otherwise howsoever, of, in, and to the same and every part thereof.

TO HAVE AND TO HOLD the said premises, hereditaments and premises hereby granted, or mentioned and intended so to be, with the appurtenances, unto the said Grantees and the survivor of them, and the heirs and assigns of such survivor, to and for the only proper use and behoof of the said Grantees and the survivor of them and the heirs and assigns of such survivor forever.

2  
BK1245PG284

AND the said Grantors, their heirs, executors and administrators, do by these presents covenant, grant and agree, to and with the said Grantees and the survivor of them and the heirs and assigns of such survivor, that they the said Grantors, their heirs, all and singular, the hereditaments and premises herein described and granted or mentioned and intended so to be, with the appurtenances, unto the said Grantees and the survivor of them, and their heirs and assigns of such survivor, against them, the said Grantors, their heirs, and against all and every other person or persons whomsoever lawfully claiming or to claim the same or any part thereof, by, from or under all or any of them, SHALL and WILL **SPECIALLY WARRANT** and forever DEFEND.

IN WITNESS WHEREOF, the said Grantors hereunto set their hands and seals dated the day and year first above written.

SEALED AND DELIVERED  
in the presence of us:

Nick Rotolo  
NICK ROTOL

Maryann Rotolo  
MARYANN ROTOL

8K1245PG285

COMMONWEALTH OF PENNSYLVANIA )  
COUNTY OF PIKE ) SS:

On this, 17<sup>th</sup> day of August, 1996 before  
me, the undersigned officer, personally appeared NICK ROTOLE  
and MARYANN ROTOLE, known to me (or satisfactorily proven) to  
be the persons whose names are subscribed to the within  
instrument, and acknowledged that they executed the same for  
the purposes herein contained, and desired the same might be  
recorded as such.

IN WITNESS WHEREOF, I hereunto set my hand and official  
seal.

Charles F. Lieberman  
Notary Public

(SEAL)

My Commission Expires:

NOTARIAL SEAL  
CHARLES F LIEBERMAN, Notary Public  
Milford Borough, Pike County  
My Commission Expires Nov 1, 2001



The residence of the within-named Grantees is:

P.O. Box 357  
Milford Pa 18337  
Charles F. Lieberman  
On behalf of the Grantees

Prepared by: CHARLES F. LIEBERMAN, Esq.  
400 Broad Street  
Milford, Pennsylvania 18337

BK1245PG286

RECORDER/REGISTER

96 AUG 29 PM 4:19

PIKE COUNTY, PA

DATE: 08/29/1996 TIME: 04:11P INST NO.: 8690

Pike County, Pennsylvania  
OFFICE OF THE Recorder of Deeds

RECEIPT NO : 016138 TYPE DOC : NEEDS

REC FEE	:	12.50
LIC RTT	:	1300.00
ST RTT	:	1300.00
WRIT TAX	:	0.50

DATE: 08/29/1996 TIME: 04:11P INST NO.:

Pike County, Pennsylvania  
OFFICE OF THE Recorder of Deeds

RECEIPT NO : 016138 TYPE DOC : MUSING

REC FEE	:	13.00
LIC RTT	:	0.00
ST RTT	:	0.00
WRIT TAX	:	0.00

I hereby CERTIFY that this document is recorded in the  
Recorder of Deeds Office of Pike County, Pennsylvania



Lynn A. Murck  
Lynn A. Murck  
Recorder of Deeds

BK 1245 PG 287